

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045551

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 325

Primary Registration District No. 6099

Registrar's No. 86

FILED NOV 26 1962

VS 300  
Rev. 4/59

6980

20980

3

4 0

5 1

6

7 1

8 2

9 190.9

10

11

12 70-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Schuyler

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN West Prairie

Length of stay in lb

6 1/2 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1 3/4 mi. West of Queen CityInside limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Schuyler

c. CITY  
OR TOWN

Queen City

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

1 3/4 miles west

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Clarence Everett Fortune

4. DATE  
OF DEATH

Month

Day

Year

Nov 17 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

June 11 1898

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer &amp; Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Danna County, Iowa

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

Howard Fortune

## 13b. MOTHER'S MAIDEN NAME

Sarah Roulet

## 14. NAME OF HUSBAND OR WIFE

Dessie Fortune

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes U. S. # 1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Dessie Fortune

## Address

Queen City, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Myocardial Failure

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypostatic Pneumonia

## 7 days

## DUE TO (c)

Melanocarcinoma &amp; generalized metastasis

## 2 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8/23/50

to

11/17/62

and last saw him alive on

11/17/62

## Death occurred at

1:05 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Edward M. Roberts M.D.

## 22b. ADDRESS

Queen City, Mo.

## 22c. DATE SIGNED

11/18/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Nov. 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Queen City Cemetery

## 23d. LOCATION (City, town, or county)

Queen City

## (State)

Mo

## 24. FUNERAL DIRECTOR

Address

Dorsey Anne Home

Queen City

## 25. DATE RECD. BY LOCAL REG.

Nov. 19, 1962

## 26. REGISTRAR'S SIGNATURE

Florence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 4 1962

NOV 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4619

P. O. Address Queen City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit obtained Nov. 19, 1962*